been forwarded to the Union Government as well as the Hon'ble Chief Justice of India and the Hon'ble Chief Justice of the Patna High Court. It is for the Patna High Court to take a view in the matter.

As per the available figures, the number of cases pending in the Patna High Court was 80,956 as on 31.12.2001.

The Judge strength of each High Court is reviewed, every 3 years, taking into account certain parameters including the institution and the backlog of cases. The last such review was done in 1999 and the next review in respect of all High Courts, including Patna High Court, is due during the current year.

Facilities in Hospitals

*402. SHRI P. PRABHAKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned "Facilities in hospitals exist only on paper: panel", which appeared in the Hindu, dated the 18th March, 2002;

(b) if so, Government's reaction thereto; and

(c) the steps proposed to be taken to implement the recommendations of the Parliamentary Committee to provide quality medical facilities in the various medical institutes and hospitals of Government?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c) Yes, Sir. The Press Report has referred to the recommendations of Department-related Parliamentary Standing Committee on Human Resource Development. A statement indicating the status on the points raised in the Press Report is enclosed.

Statement

Status of the points raised in Press Report

1. Non-Functional Equipments:—

Monthly review/monitoring of status of non-functional equipments costing more than Rs. 1.00 lakh in respect of Central Government Hospitals is being undertaken at the Directorate General of Health Services. Most of the costly and vital equipments are placed under Annual Maintenance Contracts. The reasons for any equipment being non-functional are normal wear and tear and use of the equipments. As on date, in the Central Government hospitals (Dr. Ram Manohar Lohia Hospital; Safdarjung Hospital; Associated Hospitals of Lady Hardinge Medical College), out of 838 equipment of a value above Rs. 1 lakh each, only 6 are non-functional.

2. Coordination between Hospitals:—

A nodal officer is designated in the emergency control room of each hospital. The emergency control room is manned by Chief Medical Officer/Senior Medical Officer round the clock to attend and coordinate the treatment facilities required for the serious patients coming to the casualty. Besides, a senior officer takes an evening round to oversee the arrangement of the casualty and emergency facilities in each of the hospital.

A proper referral system of treatment and follow-up already exists between Safdarjung Hospital and All India Institute of Medical Sciences (AIIMS). In emergency cases, Hospital Administrations has been communicating and coordinating regularly for referring of patients from AIIMS casualty to Safdarjung Hospital and similarly from Safdarjung Hospital to AIIMS. If need be. Further, coordination is also being maintained as regards the major investigative procedures like CT, MRI etc. in case such equipments are out of order in any of these hospitals.

3. Increase in Patients with no increase in number of beds:—

There is a considerable increase in the number of OPD and indoor patients in Central Government Hospitals. 47 indoor beds in Dr. RML Hospital and 51 beds in LHMC and Associated Hospitals have been increased in the Ninth Five Year Plan. For reducing the waiting

time, more registration counters are run during the rush hours. In LHMC, number of registration counters have been increased from 4 to 6 and in Safdarjung Hospital from 6 to 14. Besides, 14 to 18 special clinics are run in Dr. RML Hospital. Safdarjung Hospital and LHMC and Associated Hospital in the afternoon.

To cope with the patients rush, AIIMS is expanding its hospital services in specialities like Dr. R.P. Centre, C.T. Centre, Neuro-Sciences Centre etc. It is also proposed to have a screening OPD near to the present OPD building.

Keeping in view the large patient-load, the Government of NCT of Delhi has constructed/commissioned/upgraded 15 hospitals/Trauma Centers (9 Peripheral hospitals, 4 existing major hospitals and 2 Trauma Centers) during the Ninth Five Year Plan *i.e.* 1997—2002. Seven new hospitals and one dental college building at Lok Nayak Hospital Complex are under construction, eight hospitals are under expansion and three colony hospitals are under upgradation. Land for five hospitals has been purchased and the facilities are under planning/SFC stage. Construction of these hospitals is to start during 2002-2003.

4. Overcrowding adversely affecting research activities in AIIMS, PGI Chandigarh and JIPMER Pondicherry:—

Despite the burden of patients, AIIMS has been rated as the top Institution in clinical, medical and bio-medical research in the country. The specific measures for encouraging research activities include:—

(i) Identification of priority areas of research.

(ii) Increasing Plan Outlay on research.

(iii) Revamping the Scheme/Research Cell:

The function and working of the research/scheme cell has already been reviewed and the same is being revamped in order to respond to the challenges of the new millennium.

(iv) Creation of an advanced centre for Molecular Medicine during the Tenth Plan period:—

An advanced centre for Molecular Medicine is being planned for development molecular diagnostics and therapeutics, cell and tissue engineering, progeonics and genomics, transplantation immunology, molecular epidemology, new drug discovery and bioinformatics. This centre is expected to give a real boost to research in AIIMS.

In PGIMER, Chandigarh, during the Ninth Five Year Plan with a view to boost medical education and research activities, various measures had been taken which include the following:—

(i) Upgradation of various departments.

(ii) To develop new Centres, namely, Advanced Cardiac Centre, Advanced Eye Centre, Advanced Trauma Centre, Bone Marrow Transplant Centre and 2nd phase of Advanced Paediatrics Centre

The PGI is trying its best to carry out the research work, which is one of the basic objectives of the Institute and over 400 research papers are published from the Institute every year. The Institute has a separate fund of its own for sanction of Institute Research Projects to the Faculty Members. The Institute also encourages and motivates the Faculty Members of seek funding from National/International Agencies for their research projects *i.e.* D.S.T. (Govt. of India), D.B.T. (Govt. of India), C.S.I.R., New Delhi, ICMR, New Delhi and the W.H.O. etc. etc.

JIPMER, Pondicherry is also undertaking similar initiatives to boost the research activities in the institute.

5. Screening OPD at AIIMS:—

The new Master Layout Plan for screening OPD of AIIMS has been prepared and the same has been submitted to concerned authorities for their approval. It is expected that the construction work shall start by September 2002.

6. Computerization of OPD Registration in Central Government Hospitals:—

The computerization of various departments in Safdarjung Hospital has been started. Computerization has been started in Dr. RML Hospital and LHMC and Associated Hospital for Administration and Medical Stores. A proposal for computerization of all services in Dr. RML Hospital, Safdarjung Hospital and LHMC and Associated Hospital is under process.

Computerization of patient care system at AIIMS has been entrusted to consultant and the consultant has already submitted their report. Based on the reports, tenders for computerization have already been floated. It is expected that the patient care system of AIIMS will be fully computerized within 2 years of finalisation of tenders. Adequate funds are available for computerization.

7. Separate Queues for Senior Citizens in Central Government Hospitals:—

A provision for separate queue for priority treatment to senior citizen patients is already in existence in the OPD of Central Government Hospitals.

8. Cleanliness and hygiene and lack of coordination between Local Bodies and Hospital Authorities:—

Senior level Medical Officers have been made responsible for overseeing the cleanliness of hospital premises. The premises have been divided into zones and responsibility assigned to Sanitary Inspectors for the upkeep of the premises and laboratories. Hospitals arrange cleanliness drives periodically. Incinerators are being used for the disposal of bilogical waste like dead foetus, etc. and other infected waste including physical material like syringes, needles, bottles etc. As regards non-infected, non-hazardous waste, the NDMC/local bodies are responsible for its collection and disposal. The hospital authorities have been liaising with local bodies for disposal of this waste. The matter is also being taken up in the Ministry of Environment and Forests to bring the problem into focus and give a direction to the hospitals, local bodies and other engaged

in the task of hospital waste management. Adequate attention is being paid by LHMC for the management of hospital waste. The cleanliness and hygiene of the hospital is being improved and wherever necessary, renovation of toilets has been undertaken. Under the Comprehensive Redevelopment Plan, proposals for latest amenities for sewerage, water supply and management of hospital waste have been incorporated.

9. Creation of an 'Ombudsman' Type of machinery:—

A public grievances committee has been functioning in each of the Central Government hospital for looking into the complaints of patients and there is a public grievances committee in the Dte. GHS headed by the D.G. A citizen charter is also in existence in each of the Central Government Hospital.

Infrastructural Development of Towns/Cities in Tamil Nadu

*403. SHRIMATI S. G. INDIRA: Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state:

(a) the details of towns/cities in Tamil Nadu which have been allocated financial assistance for infrastructural development;

(b) whether there is any proposal to include Andipatti/Theni towns in Tamil Nadu for infrastructural development;

(c) if so, the details thereof; and

(d) if not, the reasons therefor?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI ANANTH KUMAR): (a) Under the Integrated development of Small and Medium Towns (IDSMT) scheme, till 31st March, 2002 Central assistance amounting to Rs. 42.07 crores has been released to 119 towns in Tamil Nadu. The details are given in the Statement I (*See* below).

Chennai is covered under the Centrally Sponsored Scheme for infrastructure development in Mega Cities. Since inception of the Scheme till 2001-02, a total sum of Rs. 133.68 crore was released as Central share to the designated Nodal Agency for Chennai Mega City